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Attorney Docket No. 89 385 First Inventor or Application Identifier Lynch

TRANSMITTAL (Only for new nonprevisional applications under 37 C.F.R. § 1.53(b). Express Mail Label No. ET. 27837252111C

PATENT APPLICATION

Title Ratings Control

EL27837252105					
See MPEP chi	PPLICATION ELEMENTS apter 600 concerning utility patent application	contents	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington DC 20223		
	ee Transmittal Form (e.g., PTO/SB/17	1			
)	ibmit an original and a duplicate for fee proces	ssing)	Microfiche Computer Program (Appendix)		
	ecification [Total Pages eferred arrangement set forth below)	13	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
	escriptive title of the Invention		a. Computer Readable Copy		
_	ross References to Related Applications		b. Paper Copy (identical to computer copy)		
	tatement Regarding Fed sponsored R & eference to Microfiche Appendix	. D	c. Statement verifying identity of above copies		
_	ackground of the Invention				
	rief Summary of the Invention		ACCOMPANYING APPLICATION PARTS		
. 8	rief Description of the Drawings (if filed)	7.	Assignment Papers (cover sheet & document(s))		
	etailed Description	8.	37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney		
	laim(s)	9.	English Translation Document (if applicable)		
	bstract of the Disclosure Iwing(s) (35 U.S.C. 113) [Total Sheets	7 1 10.	Information Disclosure Copies of IDS		
		<u> </u>	Statement (IDS)/PTO-1449 Citations		
4. Oath or D	Declaration (Total Pages	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Preliminary Amendment		
a	Newly executed (original or copy)	12.	X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
b	Copy from a prior application (37 C) (for continuation/divisional with Box 16 c)	ACCOMPANY NO.	* Small Entity Statement filed in prior application		
	: DELETION OF INVENTOR(S)	n 3.	Statement(s) Status still proper and desired		
	Signed statement attached	TIA.	Certified Copy of Priority Document(s)		
	inventor(s) named in the pricesee 37 C.F.R. §§ 1.63(d)(2)	and 4 22/h)	(if foreign priority is claimed)		
Who is experiented a figure of the prince of					
IF ONE FILED	LL ENTITY STATEMENT IS REQUIRED (37 C.F.R.) IN A PRIOR APPLICATION IS RELIED UPON (37	GER (128)	***************************************		
		riate box, and supply th	ne requisite information below and in a preliminary amendment:		
		uation-in-part (CIP)	of prior application No:/		
For CONTINU	lication information: Examiner ATION or DIVISIONAL APPS only: The ent	ire disclosure of the s	Group / Art Unit:		
under Box 4b	, is considered a part of the disclosure of t	the accompanying co	intinuation or divisional application and is hereby incorporated by in inadvertently omitted from the submitted application parts.		
		RESPONDENCE			
Custom	er Number or Bar Code Label		or Correspondence address below		
	(Insert Custo	omer No. or Attach bar	code label here)		
Name	Joseph S. Tripoli		- N - N - N - N - N - N - N - N - N - N		
	Thomson Multimedi	a Licensin	g Inc.		
Address	PO Box 5312				
		· · · · · ·			
City	Princeton	State	NJ Zip Code 08543-5312		
Country	USA 7	elephone 609-	-734-9443 Fax 609-734-9700		
Name (F	Robert D. Shed	ld	Registration No. (Attorney/Agent) 36,269		
Signatun	Coher DS	hedd	Date 12/30/99		
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FEE	TRANSMITTAL	-
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TOTAL AMOUNT OF PAYMENT

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Complete if Known				
Application Number	n/a			
Filing Date	Herewith			
First Named Inventor	Lynch			
Examiner Name	n/a			
Group / Art Unit	n/a			
Attorney Docket No.	RCA 89,385			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee				
Deposit	Code (\$) Code (\$)	Fee Description Fee P	aid		
Account 07-0832 Number Deposit	105 130 205 65	Surcharge - late filing fee or oath	\neg		
Account Name Thomson multimedia	127 50 227 25	Surcharge - late provisional filing fee or cover sheet.			
Charge Any Additional Licensing Inc.	139 130 139 130	Non-English specification			
37 CFR 1.16 and 1.17	147 2.520 147 2.520	For filing a request for reexamination			
2. Payment Enclosed:	112 920* 112 920*	Requesting publication of SIR prior to Examiner action			
Check Money Other	113 1,840° 113 1,840	Requesting publication of SIR after Examiner action			
FEE CALCULATION	115 110 215 55	Extension for reply within first month	•		
1. BASIC FILING FEE	116 380 216 190	Extension for reply within second month			
Large Entity Small Entity	117 870 217 435	Extension for reply within third month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,360 218 680	Extension for reply within fourth month			
101 760 201 380 Utility filing fee 690	128 1,850 228 925	Extension for reply within fifth month			
108 310 206 155 Design filling fee	119 300 219 150	Notice of Appeal			
107 480 207 240 Plant filling fee	120 300 220 150	Filing a brief in support of an appeal			
108 760 208 380 Reissue filing fee	121 260 221 130	Request for oral hearing			
114 150 214 75 Provisional filing fee	138 1,510 138 1,510	Petition to institute a public use proceeding			
600	140 110 240 55	Petition to revive - unavoidable	\neg		
SUBTOTAL (1) (\$) 690	141 1,210 241 605	Petition to revive - unintentional	\neg		
2. EXTRA CLAIM FEES	142 1,210 242 605	Utility issue fee (or reissue)	\neg		
Extra Cizine below Fee Paid	143 430 243 215	Design issue fee	\dashv		
Total Claims9 -20** =0 x0 = _0	144 580 244 290	Plant issue fee	-		
Independent 4 - 3** = 11 x 78 = 78	122 130 122 130	Petitions to the Commissioner	\dashv		
Multiple Dependent 0 = 0	123 50 123 50	Petitions related to provisional applications	\dashv		
**or number previously paid, if greater, For Reissues, see below Large Entity Small Entity	126 240 126 240	Submission of Information Disclosure Stmt			
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40	Recording each patent assignment per property (times number of properties)			
103 18 203 9 Claims in excess of 20 102 78 202 39 Independent claims in excess of 3	146 760 248 380	Filing a submission after final rejection (37 CFR 1.129(a))			
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149 760 249 380	For each additional invention to be			
109 78 209 39 ** Reissue independent claims over original patent		examined (37 CFR 1.129(b))	_		
110 18 210 9 ** Reissue claims in excess of 20	her fee (specify)				
and over original patent	her fee (specify)	· .	\neg		
SUBTOTAL (2) (\$) 78 Reduced by Basic Filing Fee Paid SUBTOTAL (3)					
SUBMITTED BY		Complete (if applicable)	=		
Typed or Printed Name Robert D. Shedd			\neg		
Signature C / D / /		Reg. Number 36,269			

Robert Defeed

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